

RFP DMS 2010-06
OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
QUESTIONS AND ANSWERS

1. PERFORMANCE INDICATOR A1

- a. Would DHS/DMS consider requiring providers to use a web-based system for transmitting requests for authorizations, in order to save the state dollars?

Answer: Not at this time.

2. PERFORMANCE INDICATOR A2

- a. Is it the intent that the contractor assumes responsibility for recoupment of funds?

Answer: No.

- b. Is it the intent that the contractor gives information to DHS/DMS that will be used in the potential recoupment of funds?

Answer: Yes.

3. PERFORMANCE INDICATOR B 2

- a. Will DHS/DMS consider changing the five calendar day turnaround requirement to five business days?

Answer: DMS will consider negotiating the calendar day turnaround requirements with the contract awardee.

4. PERFORMANCE INDICATOR B 6

- a. Will DHS/DMS consider having all services that are denied reviewed retrospectively, upon request or reconsideration, rather than granting a provisional billing authorization number?

Answer: No. This requirement is related to Arkansas due process.

5. PERFORMANCE INDICATOR B 7

- a. Are timelines resulting from notices of action counted as calendar days or business days?

Answer: Calendar days.

6. SUBMISSION OF MONTHLY REPORTS

- a. Will DHS/DMS consider changing the due dates of reports to the 10th calendar day (instead of the 5th calendar day)? This will allow adequate time for the collection and analysis of data before submission.

Answer: DHS/DMS will not consider changing from calendar to business days; however, will consider negotiating more calendar days with the contract awardee.

- b. If the 10th day is not allowed, will DHS/DMS consider changing calendar days to business days?

Answer: No.

7. PERFORMANCE DELIVERABLE C

- a. Is there a target number or percentage of retrospective reviews for paid claims per month, quarter and/or year?

Answer: No. This must be a statistically valid (95% confidence level and accuracy rate of plus or minus 3 percentage points) sampling.

- b. For patient records?

Answer: No. This must be a statistically valid (95% confidence level and accuracy rate of plus or minus 3 percentage points) sampling.

8. PERFORMANCE INDICATOR D 1

- a. Is there an expected number or percentage of scheduled and random, respectively, inspection of care audits on a monthly, quarterly, or annual basis?

Answer: All Medicaid outpatient behavioral health agencies and their sites must receive an annual inspection of care. The contractor may determine how best to schedule these across the year. Random audits will be determined on a case-by-case basis utilizing reports of immediate safety issues, scorecard methodology, or immediate concerns established during routine IOCs.

9. PERFORMANCE INDICATOR D 2

- a. Is it acceptable to examine the provider's documentation of his/her credentials (i.e., look at copies of license, etc) or must the contractor engage in primary source verification of these documents?

Answer: It is acceptable to examine the facility's documentation.

- b. Will DHS/DMS elaborate on the extent of investigation into criminal and abuse background checks that are expected? Is it sufficient to assume that a clear license has ruled out criminal or abuse activity, or is it the intent that the contractor query databases?

Answer: DMS does not presume that the contractor's employees are without a criminal or abuse history unless the facility has performed a background check and abuse registry check. It is not sufficient to assume a clear license for an individual, such as a nurse, rules out criminal or abuse activity.

- c. Will DHS/DMS elaborate on the requirement of 10% face to face interviews with direct care staff? Is the intent to cover only providers rendering service, or all ancillary staff in providers' offices?

Answer: It will depend on the event as to whether the 10% rule will cover only direct care staff or ancillary staff or both.

10. PERFORMANCE INDICATOR D 5

- a. Will DHS/DMS consider changing the time requirement for reports from 14 and 30 calendar days respectively, to 14 and 30 business days?

Answer: No.

11. PERFORMANCE INDICATOR E 4

- a. Will the successful contractor be responsible for facilitating communication from both the inpatient psychiatric AND outpatient psychiatric providers to the primary care physicians, if the contractor is responsible for the Outpatient contract ONLY?

Answer: The successful contractor will be responsible for facilitating communication between the outpatient behavioral health providers and other providers, ie: Inpatient Psychiatric providers; primary care physicians; and providers of specialty medical services as necessary to promote quality of care in a System of Care environment.

12. PERFORMANCE INDICATOR F 2

- a. Is it acceptable to maintain records and files in an electronic format?

Answer: Yes it is acceptable to maintain records in electronic format as long as the records are in a legible, retrievable form, have data back-up, and are kept in accordance with all applicable federal and state regulations regarding privacy.

13. "The contractor must maintain records of all complaints for three years following the final disposition of each individual complaint."

- a. Is it acceptable to maintain these records in an electronic format?

Answer: Refer to # 12.

14. Is it the desire of the Department to maintain two separate contractors for services under RFP 2010-06 and RFP 2010-05? If yes, would the Department be interested in economies of scale that could be accomplished by using one Project Director for both contracts? If not, why?

Answer: RFP 2010-06 and RFP 2010-05 will establish two separate contracts. Each contract must have a separate Project Director. There is no guarantee that the same respondent will be awarded both contracts. In the event that the same respondent is awarded both, a separate Project Director will still be required per RFP requirements for each.

15. RFP Section 1.4 Page 5. Please provide additional information on the development and addition of substance abuse services as a Medicaid service. Specifically, what is the timeline for adding this service? Also, is it the expectation of the Department that the contractor will assist with credentialing of substance abuse providers?

Answer: Addition of substance abuse services is currently under development and implementation is dependent upon CMS approval. Tentative timeline or addition is sometime in 2010. It is not the expectation of DMS at this time that the contractor will assist with credentialing of providers.

16. RFP Section 1.4 Page 5. Please provide the number of reconsiderations and appeals, and also disposition of appeals, conducted by the current contractor for the last two years.

Answer: This information is not readily available.

17. RFP Section 3.10 Page 10. Do bidders who include minority participation as part of their scope of services receive additional evaluation points? How is minority participation scored?

Answer: Bidders who include minority participation as part of their scope of services will not receive additional evaluation points. Minority participation is encouraged and may or may not be included in the evaluation questions.

18. RFP Attachment D Section A.5 Page 42. Please provide historical monthly fax and call volume data.

Answer: This information is not available.

19. RFP Attachment D, (d) D2., page 45 of 50

Is the bidder permitted to propose a provider report card methodology for onsite quality and compliance reviews or does DHS/DMS have a method and format already defined?

Answer: DMS is in the process of defining a report card methodology. The bidder may *propose* a method and format; however, DMS will ultimately determine and promulgate a methodology for this.

20. RFP Section 1.4, paragraph 2, page 5 of 50

Section 1.4 of the RFP summarizes an outpatient substance abuse service waiver program for pregnant women, children and adolescents. Can DHS/DMS provide more information about the expected range of services covered by this waiver and the number of expected recipients?

Answer: This information has not been determined at present. CMS approval has not at this time been granted. Substance abuse was included in the RFP to assist the respondent in preparing for the direction of the state.

21. RFP Section 5.1.2, page 23 of 50

Can the Division/Office provide copies or descriptions of evaluation and scoring tools cited in Section 5.1.2?

Answer: No, not during the procurement process.

22. What is the annual dollar value of the current contract?

Answer: For FY'10 it is \$2,128,409.00.

23. Please describe any performance issues the incumbent has had with the current contract.

Answer: This procurement is not related in any way to the incumbent's performance.

24. Please describe the review outcomes, such as number/percentage of certifications and denials, from the current contract for the past year.

Answer: For beneficiaries under age 21, 87,412 requests for prior authorization were approved; 157 denied; 101 partially denied; and 937 renegotiated. For beneficiaries aged 21 and over, 31,522 prior authorization requests were approved; 2,734 denied; 2,220 denied after a reconsideration; and 514 reversed upon reconsideration.

25. RFP page 4, section 1.1: How is this scope of work different from the current scope of work?

Answer: This is a new RFP which encompasses the past scope of work but includes more detail regarding expectations.

26. RFP page 4, section 1.1: Will the State consider adding URAC certification in utilization management as a minimum qualification for offerors?

Answer: No.

27. RFP page 4, section 1.2: Please describe the geographic spread of the 392 outpatient facilities located in Arkansas (i.e., distribution by county).

Answer: Please see attached map. Red flags = agency administrative sites and blue flags = satellite sites.

28. RFP page 7, section 2.1: What are the names of the organizations that submitted letters of intent for this RFP?

Answer: This information will not be provided. It is the position of DHS that "knowing just the identities of other bidders prior to the submission deadline could furnish a bidder with insights concerning the others' competitive capabilities, which the bidder could then use in structuring his or her own bid."

29. RFP page 7, section 2.1: What are the names of the organizations that submitted questions for this RFP?

Answer: Refer to # 28.

30. RFP page 14, section 4.1: The RFP states that we must include one original cost proposal. Please clarify whether this means one hard copy and one electronic copy.

Answer: Electronic copy is not required of the cost proposal.

31. RFP page 17, section 4.2.5: Please detail the specific RFP requirements that are to be cross-referenced in the executive summary.

Answer: All major requirements of the RFP with much detail of Section 4, Proposal Requirements.

32. RFP page 18, section 4.2.6: Please clarify what the State means by the two terms “online website-based services” and “registry services” as it relates the requirements in this RFP.

Answer: Online website-based services are available via the internet. Registry service is the method the respondent will utilize to control access to secure internet websites.

33. What is the current contract value for these services?

Answer: We are unable to answer. Some of the services encompassed in this RFP are new services.

34. Has the current contractor for these services met all contract deliverables?

Answer: Please refer to question #23.

35. We plan to submit our audited financial statements to fulfill the requirement for Section 4.2.11 *Financial Disclosure*, but these statements are considered confidential. We also noted that the RFP states that “ANY CONFIDENTIAL, PROPRIETARY, COPYRIGHTED, OR FINANCIAL MATERIAL SUBMITTED BY RESPONDENTS MUST BE MARKED AS SUCH AND SUBMITTED UNDER SEPARATE COVER. Is it sufficient to reference in our narrative for this section that this information has indeed been provided, but is marked Confidential and is being submitted under separate cover as also directed in the RFP?

Answer: Refer to page 17, the first paragraph after the 21 items listed, which states that the respondent must list the information considered confidential or information that would provide an unfair advantage to competitors, with justification, and page number and section number to be listed as an attachment to the Statement of Acknowledgement.

36. At the beginning of Attachment D, it states: “These Performance Based Standards are EXAMPLES ONLY and represent the types of indicators which will be included in the contract.” We appreciate the insight offered in these standards as we prepare our response, and want to confirm: Since these are provided as examples, is a direct formal response to these items required within the Scope of Work or Technical Proposal?

Answer: These items should be utilized to guide you in your responses to the Scope of Work or Technical Proposal.

37. Specifically in Attachment D, on page 41, Roman numeral IV, it states, “The contract program deliverables and performance indicators to be performed by the contractor are:” and then lists Program Deliverables (a) through (j) with associated performance indicators. But again, at the beginning of Attachment D, it also states that “These Performance Based Standards are EXAMPLES ONLY and represent the types of indicators which will be included in the contract.” So are the Program

Deliverables and their associated performance indicators shown here EXAMPLES, or are they actual deliverables and indicators that need to be incorporated into offeror responses?

Answer: These are Examples. Program Deliverables may change based upon information contained in the successful awardee's proposal.

38. In Attachment D, under Program Deliverable (a), Performance Indicator A1: What types of interface would the agency envision? If HIPAA 278 Requests for Authorization are part of the expectations, how will the provider furnish the clinical information required to complete medical necessity and other types of review? HIPAA 278 has no provision for detailed clinical notes.

Answer: The agency envisions a user friendly, compatible interface with the providers who choose to use electronic submission. The awardee would have to address how submission of clinical information in a secure environment could be accomplished.

39. In Attachment D, under Program Deliverable (b), Performance Indicator B6: Mentions providing a provisional billing authorization number for denied services pending appeal. How are provisional authorization numbers converted to "real" authorization numbers in the event of a successful appeal? How are provisional authorization numbers revoked in the event of an unsuccessful appeal?

Answer: Provisional authorization numbers will follow the same format as "real" authorization numbers. The successful contractor will need to develop a method to distinguish them in their system and note the outcome of the appeal if successful. In the event of an unsuccessful appeal, the beneficiary is required to repay any funds expended under the provision; therefore, the provisional number is not revoked.

40. In Attachment D, under Program Deliverable (c), Performance Indicator C1: Mentions "The contractor is responsible for claims reconciliation and automated recoupment of funds through use of an electronic data transmittal system in conjunction with DHS/DMS and its fiscal agent as outlined in #3 above." What does "#3 above" reference?

Answer: This phrase contains a typographical error and should read "outlined in A2 above".

41. In Attachment D, under Program Deliverable (f), Performance Indicator F1: Can the agency provide samples of the reports currently provided and elaborate on any enhancements that would be helpful to the management of the program?

Answer: DMS does not wish to provide examples of existing reports, but rather expects to see what the respondents propose that they can provide. Specific reports and formats will be negotiated with the successful awardee.

42. Page 21, Section 4.3.3 Price: Section 4.3.3 includes the following statement: "*The price will include a cost analysis to support the reasonableness of the price.*" Can the State provide clarification on the elements of the cost analysis it expects from the vendor?

Answer: A minimum of a basic budget and short narrative to support the reasonableness of the price provided.

43. Page 21, Section 4.3.3 Price: Section 4.3.3 includes the following statement: "*The price included in the proposal will be the price for the period of the initial award as specified in Section 1.5. On an annualized basis, that price will be applicable for the life of the contract resulting from this RFP (initial contract and any extensions) if extension options are exercised.*" Will the State allow for inflation adjustments if extension options are exercised?

Answer: No, there are no provisions for a cost of living adjustment.

44. Per the first paragraph of Attachment A (page 26); the contractor is required to provide a statement *"accepting and agreeing to the terms and conditions set out in this section."* The financial terms portion of this Attachment contains a schedule with blank cells. Is this schedule required to be completed and submitted with the proposal, or will it be completed at a later time?

Answer: It will be completed by DMS as an attachment to the contract.

45. Will Licensed Mental Health Practitioners (LMHP), School-Based Mental Health Services (SMBH) and Rehabilitative Services for Youth and Children (RSYC) also be included along with RSPMI providers in the retrospective audits and on-site inspections of care audits?

Answer: Yes.

46. Does C1 on page 44 indicate that the retrospective reviews would include billing audits and recoupment of funds by the contractor? This section states *"the contractor is responsible for claims reconciliation and automated recoupment of funds through use of an electronic data transmittal system in conjunction with DHS/DMS and its fiscal agent as outlined in #3 above"*.

Answer: See response to # 2 above. The contractor will perform billing audits and claims reconciliation and refer the information to DMS.

47. Page 45, letter (d) Program Deliverable, D2: In stating *"25% random sample of face-to-face interviews with Medicaid beneficiaries and families"*, do you mean 25% of the total beneficiary population for that provider site or 25% of the sample size for the audit?

Answer: 25% of the sample size

48. Page 46, letter (e) Program Deliverable: It states that the contractor is to provide DMS with a copy of the *"established written desk procedures to be utilized"*. What are *"desk procedures"*?

Answer: Desk procedures are the written rules and procedures the successful bidder will utilize to implement and maintain and document the outcomes of its internal quality assurance process.

49. Page 15, Section 4.2 Technical Response Requirements: There is a deviation between the summation numbering and the technical response requirements. Specifically, the expanded requirements include the addition of 4.2.9, Compliance with the State Shared Technical Architectural Program (page 20). Should the remaining sections be renumbered to include Section 4.2.9 Compliance with the State Shared Technical Architectural Program?

Answer: Use the numbering of the technical requirements sections listed in the RFP for 4.2.1 through 4.3.5. The summation of 4.2 should have included Compliance with the State Shared Technical Architectural Program.